

Application For Plumbing Contractor License (Grandfathered)

Michigan Department of Consumer & Industry Services

Bureau of Construction Codes & Fire Safety

Plumbing Division

P.O. Box 30254

Lansing, MI 48909

517/241-9330

No Fee Required

Authority: 2002 PA 733 Completion: Mandatory Penalty: License will not be issued	The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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Instructions

•A person applying for licensure as a Plumbing Contractor must complete this application and submit all required information to the address listed above.

The provisions of 2002 PA 733 states:

To qualify for a plumbing contractor license, the applicant must either hold a master plumber license or employ the holder of a master plumber license as his or her representative. Only an owner of a sole proprietorship or partnership, or an officer of a corporation or limited liability company, may apply for licensure as a plumbing contractor.

A person who, on the effective date of this act, is licensed as a master plumber under former 1929 PA 266 or employing a licensed master plumber shall, upon payment of the plumbing contractor license fee and upon furnishing the department with satisfactory evidence of having been engaged in a business as a master plumber for a minimum of 3 out of the 5 years immediately preceding the effective date of this act, be granted a plumbing contractor license without examination if the person applies within 6 months after the effective date of this act.

An individual licensed under this act employed or acting as a plumbing inspector shall not engage in, or be directly or indirectly connected with, the plumbing business including, but not limited to, the furnishing of labor, materials, or appliances for the construction, alteration, or maintenance of a building or the preparation of plans or specifications for the construction, alteration, or maintenance of a building and shall not engage in any work that conflicts with his or her official duties.

- **You must return your current master plumber (wall and pocket) license with this application. Retain a copy of this application and your license until your new license is received.**
- Plumbing contractors shall provide one of the following:
 - A notarized letter stating you are the sole proprietor.
 - Copies of partnership papers.
 - Copies of incorporation papers.
- Social Security Number. A person may be exempt from providing this information under 1996 PA 236. A person is not required to include this information when exempt under this act from obtaining a social security number or for religious convictions prohibiting the disclosure of this information.

Applicant Information

NAME (Last, Name, First Name, Middle Name)		DATE OF BIRTH		SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER		
HOME ADDRESS		CITY			STATE		ZIP CODE	
BUSINESS NAME		TYPE OF BUSINESS			DATES OF EMPLOYMENT (MM/DD/YY) FROM: TO:			
BUSINESS ADDRESS		COUNTY			TOWNSHIP			
CITY		STATE		ZIP CODE		BUSINESS TELEPHONE NUMBER		
NAME OF BUSINESS OWNER OR PRESIDENT OF CORPORATION, IF DIFFERENT THAN APPLICANT					TITLE			
NAME OF MASTER PLUMBER					LICENSE NUMBER			
HOME ADDRESS		CITY			STATE		ZIP CODE	

Previous Business Information - In accordance with law, applicants must provide complete business information for the previous 5 years. If the information contained under "Applicant Information" does not cover the 5-year period, please complete the information requested below. (Attach additional sheets if necessary)

PREVIOUS BUSINESS NAME				TYPE OF BUSINESS	
PREVIOUS BUSINESS ADDRESS				DATES OF OPERATION (MM/DD/YY) FROM: TO:	
CITY	STATE	ZIP CODE	TOWNSHIP		COUNTY
NAME OF BUSINESS OWNER OR PRESIDENT OF CORPORATION				TITLE	

PREVIOUS BUSINESS NAME				TYPE OF BUSINESS	
PREVIOUS BUSINESS ADDRESS				DATES OF OPERATION (MM/DD/YY) FROM: TO:	
CITY	STATE	ZIP CODE	TOWNSHIP		COUNTY
NAME OF BUSINESS OWNER OR PRESIDENT OF CORPORATION				TITLE	

Branch Information - Provide the information below for each branch office operated by your company. (Attach additional sheets if necessary.)

A licensed plumbing contractor may operate 1 or more branch offices in this state bearing the same firm name provided a licensed master plumber is in charge and has the responsibility of supervision at each branch.

NAME OF MASTER PLUMBER				LICENSE NUMBER	
BRANCH ADDRESS	CITY	STATE	ZIP CODE	BUSINESS TELEPHONE NUMBER	

NAME OF MASTER PLUMBER				LICENSE NUMBER	
BRANCH ADDRESS	CITY	STATE	ZIP CODE	BUSINESS TELEPHONE NUMBER	

NAME OF MASTER PLUMBER				LICENSE NUMBER	
BRANCH ADDRESS	CITY	STATE	ZIP CODE	BUSINESS TELEPHONE NUMBER	

Background Information

Have you been convicted of a felony or misdemeanor?

☐ No ☐ Yes

If yes, you will be provided with a "Request for Conviction History" form after filing this application. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

If the master plumber listed above for branch locations is not the person seeking licensure as the contractor, the applicant must provide an original notarized letter for each master plumber stating the master plumber at that branch will be in the full time employment of the contractor and will be actively in charge of and responsible for code compliance of all installation of plumbing must accompany this application.

Certification and Signature

I certify that the information provided is true and accurate to the best of my ability. I further understand that falsification of any statement is cause for rejection of application or revocation of license, if issued.	
BUSINESS OWNER'S NAME (TYPE OR PRINT)	
BUSINESS OWNER'S SIGNATURE	DATE